

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: SOLID INSULATOR AND METHOD FOR
MANUFACTURING A SOLID INSULATOR

Attorney Docket Number:: 004501-734

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 6

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Stéphane
Middle Name::	
Family Name::	PAGE
Name Suffix::	
City of Residence::	Dübendorf
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Höglerstrasse 40, CH-8600
City of Mailing Address::	Dübendorf
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Guido
Middle Name::	
Family Name::	MEIER
Name Suffix::	
City of Residence::	Würenlingen
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Rainackerweg 4, CH-5303
City of Mailing Address::	Würenlingen

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing

Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: Stefan

Middle Name::

Family Name:: FÖRSTER

Name Suffix::

City of Residence:: Opfikon

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Im Brännli 1, CH-8152

City of Mailing Address:: Opfikon

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing

Address::

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	02405675.6	08/02/2002	Yes

Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::

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